



**Palliative  
Care  
Australia**

# VOLUNTARY EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE

## ***Position statement***

*Palliative Care Australia is the national peak body established by the collective membership of eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. Together the Palliative Care Australia members network to foster, influence and promote local and national endeavours to realise the vision of quality care at the end of life for all.<sup>1</sup>*

### **Palliative Care Australia believes**

- Dying is part of life, and declining or withdrawing treatment is acceptable if in alignment with the informed wishes of the patient.
- There are a wide range of views and perspectives in our society about the ethical issue of the deliberate ending of life for a person living with a terminal condition. These should be recognised and respected.
- The practice of palliative and end of life care does not include deliberate ending of life through voluntary euthanasia or physician-assisted suicide, even if the patient requests this.
- Much community interest in voluntary euthanasia is sparked by a need for assurance that pain and suffering will be relieved and that individual end of life decisions will be respected. Many of these community fears can be addressed through the provision of quality care at the end of life that includes the opportunity for the individual to articulate care preferences for circumstances in which they may no longer be able to express their wishes.
- Informed discussion about voluntary euthanasia is hindered by our failure as a society to guarantee access to quality care at the end of life in which our rights to articulate the terms of our care are respected.
- The Australian community needs to embark on a dialogue about death and dying in order to accept that dying is a natural and expected part of life. Engagement in advance care planning will greatly contribute to this dialogue.

### **Palliative Care Australia calls for**

- The development of social policy that:
  - affirms death as part of life;
  - actively supports those who are dying, their families and their carers;
  - informs the Australian community about all aspects of quality care at the end of life;
  - accepts quality care at the end of life as a basic human right;
  - allocates sufficient resources to enable access to quality end of life care (including specialist palliative care)

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<sup>1</sup> The following definitions of end of life, end of life care and palliative care are used throughout this position paper. Source: Palliative Care Australia, *Palliative and End of Life Care – Glossary of Terms*, PCA, Canberra, 2008.

**End of life:** That part of life where a person is living with, and impaired by, an eventually fatal condition, even if the prognosis is ambiguous or unknown.

**End of life care:** End of life care combines the broad set of health and community services that care for the population at the end of their life. Quality end of life care is realised when strong networks exist between specialist palliative care providers, primary generalist providers, primary specialists, and support care providers and the community – working together to meet the needs of the people requiring care.

**Palliative care** is specialist care provided for all people living with, and dying from an eventually fatal condition and for whom the primary goal is quality of life.

for all, in accordance with PCA's population-based policy.

- The promotion of *informed community discussion of death and dying* including through ongoing communication initiatives.
- The development and implementation of initiatives designed to increase community and health practitioner capacity to consider and plan for quality end of life care at an individual level.
- The development and roll out of *national guidelines and systems to promote good practice in advance care planning*, as outlined in PCA's *Advance Care Planning Position Paper*.

## Background

Euthanasia is not a part of palliative care practice.

There has been considerable recent media attention on the issues of voluntary euthanasia and physician-assisted suicide.

The PCA submission to a Senate Committee inquiry into a Private Member's Bill on voluntary euthanasia stressed that informed discussion about voluntary euthanasia is hindered by our failure as a society to guarantee access to quality care at the end of life in which people's rights to articulate the terms of their care are respected. It is also hindered by limited community capacity to engage in frank and open discussion about death.<sup>2</sup>

The Senate Committee Report made no recommendation on whether or how the Bill should proceed, but included a consensus view on palliative care:

*The committee is concerned about evidence, particularly from Palliative Care Australia, that palliative care is not widely available and that demand for palliative care in some areas is not being met. The committee suggests that Commonwealth, state and territory governments consider increasing funding and resources for palliative care as a high priority.*<sup>3</sup>

PCA strongly believes that this is the direction we should be going in as a society. To promote broader informed community consideration of end of life issues and alleviate unnecessary community fears that continue to frame the euthanasia debate, PCA advocates:

- strengthening and better communication of the role of advance care plans and directives (for those who want more information on advance care planning, this is available in PCA's *Advance Care Planning Position Paper*);
- better access to quality end of life care (including specialist palliative care services), addressed as part of the health reform process.

The PCA *Palliative and End of Life Care Glossary of Terms* (2008) defines palliative care as "specialist care provided for all people living with, and dying from an eventually fatal condition and for whom the primary goal is quality of life". The Australian National Palliative Care Strategy recognises the World Health Organization definition that palliative care:

- affirms life, and regards dying as a normal process
- neither hastens nor postpones death
- provides relief from pain and other distressing symptoms
- integrates the physical, psychological, social, emotional and spiritual aspects of care, with coordinated assessment and management of each person's needs
- offers a support system to help people live as actively as possible until death
- offers a support system to help the family cope during the person's illness and in their bereavement.

A person receiving palliative care will have an active, progressive and far-advanced disease, with little or no prospect of cure. The central aim of end of life care is to achieve the best quality of life, both for the person who is dying and for their family.

<sup>2</sup> Palliative Care Australia, *Submission to the Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*, Public Submission to the Senate Standing Committee on Legal and Constitutional Affairs, PCA, Canberra, 9 April 2008.

<sup>3</sup> Senate Legal and Constitutional Affairs Committee, *Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*, Senate of Commonwealth of Australia, Canberra, June 2008, p. 48, retrieved September 2008, <[http://www.aph.gov.au/Senate/committee/legcon\\_cte/terminally\\_ill/report/index.htm](http://www.aph.gov.au/Senate/committee/legcon_cte/terminally_ill/report/index.htm)>.

### **Needs-based service provision**

In 2005, PCA endorsed a population needs-based approach to end of life care service development which articulated a plan for providing equitable access to end of life care while promoting effective and ethical use of resources<sup>4</sup>. PCA recognises population needs-based end of life care as a quality management approach that involves the evaluation of individual holistic needs of patients, their families and carers and involves the coordination of appropriate care.

The 13 *Standards for Providing Quality Palliative Care for all Australians*<sup>5</sup> define the standard of care that all Australians should be able to expect in different care settings. For the purposes of population needs-based service planning, all people at the end of life can be considered to fall within three broad subgroups whose care needs can be categorised as:

- complex, or
- intermediate, or
- appropriately addressed through primary care services.

Patients may need to move at different times between these subgroups. This should be as seamless as possible.

### **Reference list**

Palliative Care Australia, *A Guide to Palliative Service Development: A population based approach*, PCA, Canberra, 2005. Available at: <<http://www.palliativecare.org.au/Portals/46/resources/PalliativeCareServiceDevelopment.pdf>>.

Palliative Care Australia, *Standards for providing quality palliative care for all Australians*, PCA, Canberra, 2005. Available at: <<http://www.palliativecare.org.au/portals/46/resources/StandardsPalliativeCare.pdf>>.

Palliative Care Australia, *Palliative and End of Life Care - Glossary of Terms*, PCA, Canberra, 2008. Available at: <<http://www.palliativecare.org.au/Portals/46/resources/PCA%20Glossary%20Final%20July%202008%20LR.PDF>>.

Palliative Care Australia, *Submission to the Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*, Public Submission to the Senate Standing Committee on Legal and Constitutional Affairs, PCA, Canberra, 9 April 2008. Available at: <<http://www.palliativecare.org.au/Portals/46/Policy/PCA-euthanasia.pdf>>.

Senate Legal and Constitutional Affairs Committee, *Inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008*, Senate of Commonwealth of Australia, Canberra, June 2008, p. 48, retrieved September 2008, <[http://www.aph.gov.au/Senate/committee/legcon\\_ctte/terminally\\_ill/report/index.htm](http://www.aph.gov.au/Senate/committee/legcon_ctte/terminally_ill/report/index.htm)>.

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<sup>4</sup> Palliative Care Australia, *A Guide to Palliative Service Development: A population based approach*, PCA, Canberra, 2005.

<sup>5</sup> Palliative Care Australia, *Standards for providing quality palliative care for all Australians*, PCA, Canberra, 2005.